PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

	MO 64108-2613	rany change of address)	2 2 2005	papers. Each addition have its own certific	of mailing can only be used for this certificate cannot be used an only paper, such as an assignment of mailing or transmission. Sertificate of Mailing or Transthis Fee(s) Transmittal is being with sufficient postage for fir ail Stop ISSUE FEE address SPTO (703) 746-4000, on the control of	ent or formal drawing, mus
	*		•	Sandra Si	atton /	(Depositor's name
FC:1501 FC:1504	1400.00 OP 300.00 OP	CALEUT.	4 TRADE	2-	16-05	(Signature)
APPLICATION NO.	FILING DATE	FIRST NAMED INV		NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/005,636 12/03/2001		Benjamin P. Davenport		Davenport	MFCP.89120	8244
nonprovisional	NO MINER	\$1400		\$300 CLASS-SUBCLASS	\$1700	04/27/2005
EXAM	MINER	ART UNIT		CLASS-SUBCLASS		
LIM, K	CRISNA	2153		714-039000		
1 Change of correspondence	o addraga as indication of "E	an Address!! (27	2 Familiation		1:-4	
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicates	de address or indication of "Formula de la desagration of the delay attached." The defense of the delay attached of the delay attac	Correspondence	(1) the name or agents OR (2) the name registered att 2 registered	ng on the patent front page, as of up to 3 registered pate, alternatively, of a single firm (having as	list ent attorneys s a member a 25 95 GRANE mes of up to If no name isKANSAS CIJ) BLVD
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.	dence address (or Change of 22) attached. tion (or "Fee Address" Indica	Correspondence	(1) the name or agents OR (2) the name registered at 2 registered I listed, no nar	ng on the patent front page, es of up to 3 registered pate, alternatively, of a single firm (having accorney or agent) and the napatent attorneys or agents.	ent attorneys SHOOK. HA s a member a 25 85 GRAN E) BLVD
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence ation form e of a Customer	(1) the name or agents OR (2) the name registered att 2 registered plisted, no nar E PATENT (1)	ng on the patent front page, so of up to 3 registered pat a large firm (having as torney or agent) and the na patent attorneys or agents. The will be printed.	ent attorneys SHOOK. HA s a member a 25 \$5 GRANE mes of up to If no name is KANSAS CII	O BLVD. TY, MO 64108-261.
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required. 3. ASSIGNEE NAME AND	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignee dat of this form is NOT a	(1) the name or agents OR (2) the name registered at 2 registered plisted, no nar E PATENT (put a will appear a substitute for	ng on the patent front page, so of up to 3 registered pat a large firm (having as torney or agent) and the na patent attorneys or agents. The will be printed.	ent attorneys SHOOK. HAS a member a 25 \$5 GRANE mes of up to If no name is KANSAS CIT	O BLVD. TY, MO 64108-261:
CFR 1.363). Change of correspond Address form PTO/SB/1. "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignee dat of this form is NOT a	(1) the name or agents OR (2) the name registered at 2 registered plisted, no name E PATENT (1) ta will appear substitute for RESIDENCE:	ng on the patent front page, as of up to 3 registered pate, alternatively, of a single firm (having at corney or agent) and the na patent attorneys or agents. The will be printed. Perint or type) To on the patent. If an assigning an assignment.	ent attorneys SHOOK. HAS a member a 25 \$5 GRANE mes of up to If no name is KANSAS CIT	O BLVD. TY, MO 64108-261:
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion EE	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignee dat of this form is NOT a (B) F	(1) the name or agents OR (2) the name registered att 2 registered plisted, no name PATENT (plat will appear a substitute for RESIDENCE:	og on the patent front page, so of up to 3 registered pate, alternatively, of a single firm (having accorney or agent) and the napatent attorneys or agents. The will be printed. The print or type on the patent. If an assigning an assignment. (CITY and STATE OR Condamne, WA	ent attorneys SHOOK. HA s a member a 25\$ 5 GRANE mes of up to If no name is KANSAS CIT gnee is identified below, the d	Y. MO 64108-261;
CFR 1.363). Change of correspond Address form PTO/SB/1: "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN MICROSOF Please check the appropriate 4a. The following fce(s) are	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion EE T CORPORATION e assignee category or catego	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignee dat of this form is NOT a (B) F	(1) the name or agents OR (2) the name registered att 2 registered plisted, no name E PATENT (put a will appear a substitute for RESIDENCE: Reded on the pate register of Fe	ng on the patent front page, so of up to 3 registered pate, alternatively, of a single firm (having astroney or agent) and the napatent attorneys or agents. The will be printed. Perint or type) To on the patent. If an assigning an assignment. (CITY and STATE OR Colored WA Lent): Individual A	ent attorneys SHOOK. HAS a member a 25 \$5 GRANE mes of up to If no name is KANSAS CIT gnee is identified below, the deposition of other private group of the private group of the state of	Y, MO 64108-261.
CFR 1.363). Change of correspond Address form PTO/SB/I. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN MICROSOF Please check the appropriate 4a. The following fce(s) are	dence address (or Change of 22) attached. tion (or "Fee Address" Indict or more recent) attached. Use D RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion EEE T CORPORATION c assignee category or catego enclosed:	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignce dat of this form is NOT a (B) F	(1) the name or agents OR (2) the name registered at 2 registered listed, no nar E PATENT (1 ta will appear a substitute for RESIDENCE: Red on the pate 2 ayment of Fe A check in the pate of the pat	ng on the patent front page, so of up to 3 registered pate, alternatively, of a single firm (having accorney or agent) and the napatent attorneys or agents. The will be printed. Print or type) The on the patent. If an assignment. (CITY and STATE OR Conditional WA and the management will be printed. The dmond, WA and the management was a signment. (It is a management was a signment was a signment. (It is a management was a signment was a signment. (CITY and STATE OR Conditional was a signment. (It is a management was a signment was a signment. (It is a management was a signment was a signment. (It is a management was a signment. (It is a management was a signment was a signment. (It is a management was a signment was a signment. (It is a management was a signment.)	ent attorneys SHOOK. HA s a member a 25\$5 GRANE mes of up to If no name is KANSAS CIT gnee is identified below, the d DUNTRY) Corporation or other private greenclosed.	Y. MO 64108-261;
CFR 1.363). Change of correspond Address form PTO/SB/I. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN MICROSOF Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No s	dence address (or Change of 22) attached. tion (or "Fee Address" Indict or more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of EE T CORPORATION e assignee category or catego enclosed:	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignee dat of this form is NOT a (B) F ries (will not be printed 4b. P	(1) the name or agents OR (2) the name registered at 2 registered listed, no nar E PATENT (1 ta will appear a substitute for RESIDENCE: Red on the pate a capacity of the cap	ng on the patent front page, so of up to 3 registered pate, alternatively, of a single firm (having according or agent) and the napatent attorneys or agents. The will be printed. Print or type) If on the patent. If an assignment. (CITY and STATE OR Conditional of the patent of the patent. Individual Indi	ent attorneys SHOOK. HA s a member a 25\$5 GRANE mes of up to If no name is KANSAS CIT gnee is identified below, the d DUNTRY) Corporation or other private greenclosed. 88 is attached.	O BLVD. Y. MO 64108-261. ocument has been filed for the second ocument has been filed for the second ocument.
CFR 1.363). Change of correspond Address form PTO/SB/I. "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN MICROSOF Please check the appropriate 4a. The following fce(s) are	dence address (or Change of 22) attached. tion (or "Fee Address" Indict or more recent) attached. Use DRESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of EE T CORPORATION e assignee category or catego enclosed:	Correspondence ation form e of a Customer E PRINTED ON THE clow, no assignee dat of this form is NOT a (B) F ries (will not be printed 4b. P	(1) the name or agents OR (2) the name registered at 2 registered listed, no nar E PATENT (1 ta will appear a substitute for RESIDENCE: Red on the pate a capacity of the cap	ng on the patent front page, so of up to 3 registered pate, alternatively, of a single firm (having according or agent) and the napatent attorneys or agents. The will be printed. Print or type) If on the patent. If an assignment. (CITY and STATE OR Conditional of the patent of the patent. Individual Indi	ent attorneys SHOOK. HA s a member a 25\$5 GRANE mes of up to If no name is KANSAS CIT gnee is identified below, the d DUNTRY) Corporation or other private greenclosed.	O BLVD. TY, MO 64108-261; ocument has been filed for the second ocum

Scott B. Strohm Typed or printed name ___

42172 Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.